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APPLICANTS

Charles A. Gray, Noblesville, IN;
 Royce L. Rennaker, Converse, IN;
 Eric C. Hayden, Cicero, IN;
 Chance L. Scales, Kokomo, IN;
 John D. Scott, Commerce Twp, MI;
 Brenda S. Cosgrove, Kokomo, IN;

** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 5	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

STEFAN V. CHMIELEWSKI
 DELPHI TECHNOLOGIES, INC.
 Legal Staff MC CT10C
 P.O. Box 9005
 Kokomo, IN46904-9005

TITLE

Method of determining and indicating airbag suppression status

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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